

MEETING MINUTES

OFFICE OF THE STATE COORDINATOR FOR HIT STEERING COMMITTEE (HITSC)

DATE: AUGUST 08, 2013

TIME: 13:00 TO 15:00

LOCATION: CROSS BUILDING, ROOM 600

CHAIR: DAWN GALLAGHER

ATTENDEES: SHAUN ALFREDS, PATTI CHUBBUCK, JONATHAN IVES, DAVID MAXWELL, CHRIS BOUDREAU, RALPH JOHNSON, RANDY CHENARD, CHRIS MUFFIT, HAZEL STEVENSON, PHIL LINDLEY, JULIE SHACKLEY, DEV CULVER, EBEN PERKINS, ANNA RODRIQUE, LORIE SMITH, RICK LORELLO, JAMES MURPHY-DEAN, LINDA EARLS, HOLLY MILLER, ANN RODGERS, POPPY ARFORD, FRANK BRAGG

MEETING OBJECTIVES

Forum to provide status updates regarding statewide project initiatives to the Office of the State Coordinator for HIT. Maine's statewide HIT strategy encompasses the following ideal:

"Preserving and improving the health of Maine people requires a transformed patient centered health system that uses highly secure, integrated electronic health information systems to advance access, safety, quality, and cost efficiency in the care of individual patients and populations."

INTRODUCTIONS

PROGRAM UPDATES

SIM Grant-Randy Chenard

- Team visited CMI 8/2/13, CMI has completed the evaluation plan and requested more information items. Testing phase expected Oct 1-specific to project plans, measurable, partner work plans
- SIM Grant - Sub committees:
 - Payment reform
 - System delivery reform
 - Data structure.

MaineCare HIT -- Patti Chubbuck

- Total Incentive payment to date: 2841 EPs and EHs \$75 million+
- Consultant updates – Linda Earls, Holly Miller, Lorie Smith, James – reporting the assistance is welcomed by the practices.
- **Vendors:** some providers are changing EHR systems due to lack of satisfaction with product.

Community College Program-Patti

- The consultants are working with providers and building relationships. This has been a good way to reach each practice location and has given the provider information they may not have received in a timely manner.
- **Meeting the Public Health measure**
 - Providers continue to express difficulty setting up the test submission with the State. Danielle Hall at Maine CDC has offered to teach us how to assist the EP with the format of the HL7 message.

CDC Registries for MU Stage 2- Hazel Stevenson

- Meetings have been held between CDC and MU program.
- OIT developed the MU payment program and is now looking at the Stage II requirements concerning the CDC registries and encouraging a simple, standard method. The hope is that the CDC can develop a one stop shop option versus for EPs to use for the registries. Hazel states the functional uses will need to be explored.
- Internal complexities re: Cancer Registry-OIT will set up the actions that will need to occur and present to Molly for next steps.
- Focus will first be on Syndromic Surveillance then the CA registry.
- Stage II requirements for Meaningful Use:
 - Step 1-have EPs register (there is a 90 day window within which they have to have the test completed from registration)
 - Step 2-work with HIN, CDC to set up the test transfer.
- The Cancer registry needs to have data electronically submitted from the EHR into the Cancer Registry. The HL7 is very specific to the registry. HIN worked with the Cancer Registry to identify the requirements and to identify their needs. HIN feels there is a lot of complexity regarding the vendors being slow to respond.

Funding/Projects expanding the use of HIT and E HRs for providers

FCC Grant / ConnectME Authority – David Maxwell

- 2014 awards-3 proposals. IPs are breaking out into smaller groups to review
- Training session 9/23 and 9/24 in DC-Dawn and David will attend
- Proposals will be submitted as a consortium
- Connect Me has a board meeting Tuesday-will review if the ConnectME authority will be the applicant.

OSC Funding for LTC, Home health, Hospice - Health Homes (Connecting providers to HIE)

- 1.6 million remaining-need financial order-currently on the Governor's desk for signature
- Projects for LTC, Healthy Home hospice, Healthy Home practices to connect to the HIE and education on its use, Quality Counts participating

IHOC – Jonathan Ives

- HIT efforts-working with HIN to review 27 pediatric Quality Measures and where there are opportunities to qualify these measures. Current agreement with HIN-look at 1-4 measures. Testing and validating some measures- ex: data is in the EHR system but it is not flowing through to HIN at this time. Calculation of BMI-data was not available on a wide basis; it is now beginning to be more available. Will share the data with internal IHOC committees then bring to HITsc
- Quality improvements with Quality Counts now in phase 3 of Healthy steps with 19 practices across the state.
- Measures under IHOC and how they relate with MU measures
 - The MU measures were compared with the IHOC measures to see how they line up. Goal is to have an EP meet standards across different measure by identifying those that are identical/similar and also meet the NCQA measures. There are 5-6 identified MU measures that are the same. Question is: How can the measures be aligned to meet the payer needs, the provider needs and insurance and State requirements. Goal: to get the required # of standards to also meet the NCQA standards.
 - Amy Biehle has studied the measures and compiled the master list of pediatric measures.

HIN / HIE / REC – Dev Culver/Shawn Alfreds

- **Usage Stats and Goals/Objectives for Increased Usage**
 - Access by facility: ~40 facilities, high users identified
 - A lot of the high users were also part of the Beacon Program
 - Unique users by week ~500 users
 - Unique access by week ~2500
 - Broad usage rolls up for statistics. Usage stats are also monitored at the practice and provider level.
 - Active users-included in general stats-1625 active users
 - Users may not be accessing when the patient is well and not moving around in the system
 - HIN has data warehouse and analytic tools that looks at disease states, hospital services and multiple analyses. We are currently working with four hospitals utilizing the data analytic tools, including MaineCare.
 - The numbers reflect the use of the portal but the use of the exchange is growing; content is now getting pushing to the provider without them coming to the exchange.
 - HIN is providing data to sources working with the provider
 - HIN and Maine CDC heard from HERSA. Maine is one of three States that were awarded a 900 million grant to work with the VA in a bi-directional method.
 - This will promote stronger care coordination between the VA and other providers
 - Dawn reported that Tom Novak has funding at the 90/10 match for a patient portal-Dawn will get more information and bring to the group.

- **SIM**-blue button (patient portal) pilot connection between a hospital portal and HIN. A patient will click the blue button to access their records. Stage II requires that a provider have a portal. HIN will support the patient getting their records through the provider's portal.
- Next step: Blue button strategy to link all patients' records and have access to all providers that the patient sees. Will test this through the SIM project.

OSC

- RFP for evaluation of the office of the state coordinator and the HIE. Questions and responses were sent out yesterday. The RFP is due at the end of the month. Further information is posted on the website.

Meeting adjourned at 2:03pm